

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13	1					
14		3				
15		1				
16		1				
17		1				
18		1				
19		1				
20	*	1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		3				
32		3				
33	1					
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		2				
46		1				
47		7				
48	1					
49	1					
50		2	1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2	1			
53		2	1			
54		2	1			
55		2				
56		2				
57		2	1			
58		2				
59		2				
60		1				
61		1				
62		1				
63		1				
64		3				
65		3				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		3				
77		3				
78		3				
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	103	↓		↓		↓
TOTAL CLAIMS	111					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		1						
5		1						
6		1						
7		1						
8	1							
9		1						
10		1						
11		1						
12		1						
13	1							
14		3						
15		1						
16		1						
17		1						
18		1						
19		1						
20		1						
21		1						
22		1						
23		1						
24		1						
25		1						
26		1						
27		1						
28		1						
29		1						
30		1						
31		3						
32		3						
33	1							
34	1							
35		1						
36		1						
37		1						
38		1						
39		1						
40		1						
41	1							
42		1						
43		1						
44		1						
45		2						
46		1						
47		7						
48	1							
49	1							
50		2						
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		↓		↓		↓		
TOTAL CLAIMS								
51		12						
52		12						
53		12						
54		12						
55		2						
56		2						
57		12						
58		3						
59		2						
60		1						
61		1						
62		1						
63		1						
64		3						
65		3						
66		1						
67		1						
68		1						
69		0						
70		0						
71		0						
72		1						
73		1						
74		1						
75		1						
76		3						
77		3						
78		3						
79		3						
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		↓		↓		↓		
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY